

Information:

Drawer: Accounts Payable - Invoices  
Vendor Number: 1188426  
Vendor Name: Village of Glen Ellyn, Illinois  
Invoice Number: HOTELTAXFEB23  
Invoice Date: 3/10/2023  
PO Number:  
Check Number: E0094250  
Check Amount: \$ 105.15  
Check Date: 03/14/2023  
Voucher Number: V0777165  
Document Type: AP Invoice

Document Below

## Check Request Form

This form may be used to request check payments only for those items for which the issuance of a purchase order would not be appropriate. Attach supporting documentation (e.g., invoice or agreement). Please refer to Administrative Procedure 10-65, Vendor Payment — Non-Purchase Order.

Date: \_\_\_\_\_ Vendor ID: \_\_\_\_\_ Vendor Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Payment Due Date: \_\_\_\_\_

Invoice Number	GL Account number(s) e.g. 01-80-00757-5401001	GL Account Name e.g. Office Supplies	Amount
<b>Total</b>			<b>\$</b>

Check the appropriate box below:

- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have been provided in a satisfactory condition/manner. Consequently, payment is appropriate at this time.
- ☐ We, the undersigned, hereby certify that the goods/services, for which payment is herein requested, have not yet been provided. The first approver indicated below will notify the Accounts Payable Office in writing when the goods/services have been delivered in a satisfactory condition/manner.

Description on Check:

Other Instructions:

### All requests will require the following approvals:

Requester: \_\_\_\_\_ Print Name: \_\_\_\_\_

Budget Officer: \_\_\_\_\_ Print Name: \_\_\_\_\_

Requests \$5,000 and over will require the additional approvals below:

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Next Level Supervisor (if applicable): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Administrator (only required if request is \$5,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Area Cabinet Officer (only required if request is \$10,000 and over): \_\_\_\_\_ Print Name: \_\_\_\_\_

Board Approval Date (only required if request is \$25,000 and over): \_\_\_\_\_

**Return approved request and all supporting documentation to Accounts Payable (SRC 2132A), [invoicing@cod.edu](mailto:invoicing@cod.edu)**

**Monthly Hotel and Motel Tax Return**  
Due Village of Glen Ellyn



Month and Year February 2023

Name Inn at Water's Edge

Address 425 Fawell Blvd.

City, State, Zip Code Glen Ellyn, IL 60137

Customer ID

Code

Gross Receipts \$2103.00

Rate 5%

Amount of Tax \$105.15

Signature

*Dylan Morris*

Title

Hotel Manager

Date

3/2/23

Make checks payable to:

Village of Glen Ellyn  
535 Duane Street  
Glen Ellyn, IL. 60137

GL Account	Description	Feb 28 Balance	
01-00-00000-2900012	General : Hotel/Motel Tax	(200.97)	
	February 2023 State Return	123.09	
	February 2023 State Discount	3.09	
	February 2023 Village Return	105.15	
		<u>231.33</u>	
	Post-GL Balance	<u>30.36</u>	Notes 1-2

**Notes:**

1. \$10.12 of taxes paid on direct bill charges of \$102.12 for a stay on 1/18/23. A journal entry will be done to reclassify the taxes once the internal chargeback is posted. Emailed Dylan/Judy on 3/10/23.
2. \$20.24 of taxes paid on February activity of \$204.24 was deposited in March, session 67827.

College Of DuPage					Page: 1
General Ledger Summary Trial Balance					
Year-to-Date Summary for Period Ending 02/28/2023					
Fiscal Year: 2023					ASSET.CLASS: Unassigned
GL Account	Opening Balance	Year-to-Date Debits	Year-to-Date Credits	Closing Balance	
01-00-00000-2900012 General : Hotel/Motel Tax	1,462.45-	5,556.49	4,295.01	200.97-	
Totals for ASSET.CLASS: Unassigned	1,462.45-	5,556.49	4,295.01	200.97-	

DATE Feb Deposits

Room Count Room Count Room Count

	Gross Sales Amount	State Tax Collected	City Tax Collected	Total Taxes	Notes	COD A/R Acct	COD CC	General Public
2/1/2023	\$ 430.00	\$ 25.80	\$ 21.50	\$ 47.30	Ashley			3 Rooms
2/2/2023	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Marie			1 Room
2/3/2023	\$ 92.00	\$ 5.52	\$ 4.60	\$ 10.12	Marie			1 Room
2/4/2023	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms
2/5/2023	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms
2/6/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/7/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/8/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/9/2023	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms
2/10/2023	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms
2/11/2023	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Marie			1 Room
2/12/2023	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms
2/13/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/14/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/15/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/16/2023	\$ -	\$ -	\$ -	\$ -	CLOSED			0 Rooms
2/17/2023	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Marie			1 Room
2/18/2023	\$ 290.00	\$ 17.40	\$ 14.50	\$ 31.90	Marie			2 Rooms
2/19/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/20/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/21/2023	\$ -	\$ -	\$ -	\$ -	Ashley			0 Rooms
2/22/2023	\$ 92.00	\$ 5.52	\$ 4.60	\$ 10.12	Ashley			1 Room
2/23/2023	\$ -	\$ -	\$ -	\$ -	Marie			0 Rooms
2/24/2023	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Marie			1 Room
2/25/2023	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Marie			1 Room
2/26/2023	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Ashley			1 Room
2/27/2023	\$ 145.00	\$ 8.70	\$ 7.25	\$ 15.95	Ashley			1 Room
2/28/2023	\$ 184.00	\$ 11.04	\$ 9.20	\$ 20.24	Ashley			4 Rooms

Subtotals \$ 2,103.00 \$ 126.18 \$ 105.15 \$ 231.33 Total Receipts \$ 2,334.33 :)

**FEBRUARY 2023****IL Tax Return Info**

Line 1	\$ 2,334.33	Total Receipts
Line 2	105.15	City Tax
Line 3	-	
Line 4	-	
Line 5	-	
Line 6	105.15	
Line 7	2,229.18	
Line 8	125.73	State Tax Rate .0564 (Listed Rate 6%)
Line 9	-	
Line 10	125.73	
Line 11	2.64	Discount
Line 12	123.09	
IL Tax collected	126.18	
Over(Under)	3.09	Total Discount
Line 13	-	
Line 14	123.09	
Line 15	-	
Line 16	123.09	State Tax

## Feb Deposits

[illegible]

3/10/2023

## Receipt Distribtuion Code Analysis

10:54

Start Date: 2/1/2023  
 Cutoff Date: 2/28/2023  
 Saved List:  
 Distribution Codes:  
 AR Types:  
 Deposit Types:  
 Non-AR Receipt Codes: CHCH

## Distribution by Receipt

<u>Distribution</u>	<u>Person ID</u>	<u>Name</u>	<u>Date</u>	<u>Rcpt No</u>	<u>Type</u>	<u>Type Description</u>	<u>Amount</u>	<u>GL NOS</u>	<u>Session</u>
BANK		Daily Deposit 2.10.23	02/10/2023	002142248	CHCH	Inn At Waters Edge	807.00	01_10_18004_4509030	67513
							88.77	01_00_00000_2900012	
						TOTAL:	895.77		
BANK		02.21.2023 Daily Dep 2.21.23	02/21/2023	002148119	CHCH	Inn At Waters Edge	580.00	01_10_18004_4509030	67642
							63.80	01_00_00000_2900012	
						TOTAL:	643.80		
BANK		02.28.23 Daily Deposit	02/28/2023	002148810	CHCH	Inn At Waters Edge	672.00	01_10_18004_4509030	67732
							73.92	01_00_00000_2900012	
						TOTAL:	745.92		

## Distribution by Payment Method

<u>Distribution</u>	<u>Person ID</u>	<u>Name</u>	<u>Date</u>	<u>Rcpt No</u>	<u>Pay Method</u>	<u>Pay Method Description</u>	<u>Amount</u>	<u>Pay Method Total</u>	<u>GL NOS</u>	<u>Session</u>
BANK		Daily Deposit 2.10.23	02/10/2023	002142248	MC	MasterCard	102.12	102.12	01_00_00000_1100104	67513
BANK		Daily Deposit 2.10.23	02/10/2023	002142248	VISA	VISA	793.65	793.65	01_00_00000_1100104	67513
BANK		02.21.2023 Daily Dep 2.21.23	02/21/2023	002148119	AMEX	AMEX	160.95	160.95	01_00_00000_1100104	67642
BANK		02.21.2023 Daily Dep 2.21.23	02/21/2023	002148119	VISA	VISA	482.85	482.85	01_00_00000_1100104	67642
BANK		02.28.23 Daily Deposit	02/28/2023	002148810	AMEX	AMEX	321.9	321.90	01_00_00000_1100104	67732
BANK		02.28.23 Daily Deposit	02/28/2023	002148810	MC	MasterCard	321.9	321.90	01_00_00000_1100104	67732
BANK		02.28.23 Daily Deposit	02/28/2023	002148810	VISA	VISA	102.12	102.12	01_00_00000_1100104	67732

"Barrios, Isabel" <barriosi142@cod.edu>

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**Check Request - February 2023 Village Hotel Tax.pdf**

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"Barrios, Isabel" <barriosi142@cod.edu>

Mon, Mar 13, 2023 at 03:15 PM UTC

CC:

BCC:

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**1 attachment**

Check Request - February 2023 Village Hotel Tax.pdf